07/14/2010 15:01

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines New York State Hospital and Healthcare Associations' Federal PAC One Empire Drive ADDRESS (number and street) Check if different than previously Rensselaer NY 12144 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00160259 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Steven Kroll Type or Print Name of Treasurer Electronically Filed by Mr. Steven Kroll 07 14 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

New York State Hospital and Healthcare Associations' Federal PAC

D D <sup>®</sup>D 0 4 0 1 2010 0.6 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 133970.73 January 1 (b) Cash on Hand at 26470.73 Begining of Reporting Period ..... 57725.00 57725.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 84195.73 191695.73 6(a) and 6(c) for Column B) ..... 35000.00 142500.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 49195.73 49195.73 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

2/31

### DETAILED SUMMARY PAGE OF RECEIPTS

3/31 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period:

м м 0 4 From:

D D 1

2 0 1 0

м м

<sup>D</sup> 3 0

2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	55500.00	55500.00
(ii) Unitemized	2225.00	2225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57725.00	57725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	57725.00	57725.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57725.00	57725.00
). Total Federal Receipts (subtract Line 18(c) from Line 19)	57725.00	57725.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/31

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	(b) Other Federal Operating  Expenditures	0.00	0.00
(	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party Committees	35000.00	138500.00
. (	Contributions to		
í	Federal Candidates/Committeesand Other Political Committees	0.00	4000.00
	Independent Expenditure (use Schedule E)	0.00	0.00
. (	Coordinated Expenditures Made by Party		
(	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
(	Than Political Committees	0.00	0.00
(	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees (such as PACs)	0.00	0.00
(	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
). (	Other Disbursements	0.00	0.00
). I	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	( ), ,	05000.00	140500.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35000.00	142500.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	25222.22	1,10500.00
	from Line 31)	35000.00	142500.00

### **DETAILED SUMMARY PAGE**

of Disbursements

5 / 31 FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	57725.00	57725.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	57725.00	57725.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  New York State Hospital and Health	nd Statements may not be sold or used by any persong the name and address of any political committee to thcare Associations' Federal PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Mr. Daniel Abbruzzese  Mailing Address 7 Harrison Woods	Court	Date of Receipt
City Northport	State Zip Code NY 11768	Transaction ID: SA11AI.13897  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hosp.	Occupation	600.00
Receipt For: Primary General Other (specify)	Vice President  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial) Mr. Neil Abitabilo  Mailing Address 400 Stony Brook C	Court	Date of Receipt  0 6 0 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.13906
Newburgh  FEC ID number of contributing federal political committee.	NY 12550	Amount of Each Receipt this Period  1000.00
Name of Employer Northern Metropolitan Hosp Asn Receipt For: Primary General	Occupation President  Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Mr. Otto Betz	L	Date of Receipt
Mailing Address 259 First Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.13940
Mineola  FEC ID number of contributing federal political committee.	NY 11501	Amount of Each Receipt this Period  600.00
Name of Employer Winthrop University Hospi- tal	Occupation Board Member	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	al)	2200.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
2	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pre name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	New York State Hospital and Healtho	are Associations' Federal PAC	
۷.	Full Name (Last, First, Middle Initial) Ms. Pamela Brier		Date of Receipt
	Mailing Address 58 Tompkins Place		05 17 2010
	City <u>Brooklyn</u>	State Zip Code NY 11231	Transaction ID: SA11AI.13899  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1500.00
	Name of Employer Maimonides Medical Center	Occupation Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	1 0
 3.	Full Name (Last, First, Middle Initial) Dr. Michael Brisman	1	Date of Receipt
	Mailing Address 36 Mackay Way	06 07 2010	
	City Roslyn	State Zip Code NY 11576	Transaction ID: SA11AI.13968
	FEC ID number of contributing federal political committee.	C 11376	Amount of Each Receipt this Period
	Name of Employer South Nassau Communities Hosp.	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	1
_	Full Name (Last, First, Middle Initial) Mr. John Broder		Date of Receipt
	Mailing Address 259 First Street		05 17 2010
	City Mineola	State Zip Code NY 11501	Transaction ID: SA11AI.13892  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Winthrop-University Hospi- tal	Occupation Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		2850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/31 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  New York State Hospital and Health	d Statements may not be sold or used by any personant the name and address of any political committee to incare Associations' Federal PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James F. Campbell Mailing Address 85 Second Street  City Garden City  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For: Primary General	State Zip Code NY 11530  C  Occupation Trustee  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Dr. James Capozzi Mailing Address 14 Meadow Lane City East Williston FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NY 11596  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 O 7 2 0 1 0  Transaction ID: SA11Al.13988  Amount of Each Receipt this Period  1000.00
Winthrop University Hospital Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Ralph Caselnova	Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Mailing Address P.O. Box 326  City Orient  FEC ID number of contributing federal political committee.  Name of Employer S. Nassau Communities Hos-	State Zip Code NY 11957  C Occupation Nephrologist	Transaction ID: SA11AI.13910  Amount of Each Receipt this Period  600.00
p. Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (optional	l)	2600.00

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In full!)  New York State Hospital and Healthcare Associations' Federal PAC  Full Name (Last, First, Middle Initial)  Mailing Address 18 Manor Avenue  City State Zip Code Transaction ID: SA11AI.13938  Amount of Each Receipt this Period federal political committee.  Cocupation  Other Employer Aggregate Year-to-Date ▼  Other (specify) ▼  Primary General  Other (specify) ▼  Other (spec	ITE Any i	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 9 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
Ms. Palmira Cataliotis  Mailing Address 18 Manor Avenue  City State Zip Code NY 11577  FEC ID number of contributing federal political committee.  Name of Employer Wintersity Hospital Receipt For: Primary General Other (specify) ▼  Mineola State Zip Code State Street  C C State Zip Code Ship State Street  C C State State Street  C C State State Street  C C State Street Street  C Date of Receipt State Street  C Description State Street  C Date of Receipt State Street  Date of Receipt State Street Street State Street  Date of Receipt State Street State Street State Street State Street State Sta	or for	r commercial purposes, other than using the AME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
City	<b>A.</b> <u>M</u>	ls. Palmira Cataliotti			<del>-</del>
Roslyn Heights  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilar Primary General Other (specify) ▼  State Zip Code Ny 11501  FEC ID number of contributing federal political committee.  Name (Last, First, Middle Initial)  Dr. Eva Chalas  Malling Address 259 First Street  City State Zip Code Ny 11501  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilar Primary General Other (specify) ▼  State Zip Code Ny 11501  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilar Primary General Other (specify) ▼  State Zip Code Ny 11530  Full Name (Last, First, Middle Initial)  Ms Maureen Clarcy State Zip Code Ny 11530  Full Name (Last, First, Middle Initial)  Ms Maureen Clarcy State Zip Code Ny 11530  Full Name (Last, First, Middle Initial)  Ms Maureen Clarcy General Other (specify) ▼  State Zip Code Ny 11530  FEC ID number of contributing federal political committee.  C State Zip Code Ny 11530  FEC ID number of contributing federal political committee.  C Gly State Zip Code Ny 11530  FEC ID number of contributing federal political committee.  Name of Employer Ny 11530  FEC ID number of contributing federal political formities.  C Good of Receipt Ny 11530  Date of Receipt Ny 2 0 1 0 5 1 7 7 2 0 1 0 0 5 1 7 7 2 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	M	lailing Address 18 Manor Avenue			
FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilation Chief Financial Officer In Aggregate Year-to-Date ▼    Date of Receipt For:   Aggregate Year-to-Date ▼				·	
Same of Employer Winthrop University Hospital Receipt For:   Primary   General Occupation   General Occupation   Primary   General Occupation   Primary   General Occupation   Primary   General Occupation   Genera	_	•	NY	11577	Amount of Each Receipt this Period
Receipt For:			С		600.00
Primary General Other (specify) ▼ 600.00  Full Name (Last, First, Middle Initial) Date of Receipt  Mailing Address 259 First Street  City State Zip Code Mineola NY 11501  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilar Receipt For: Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial) Mailing Address 400 Stewart Avenue  City State Zip Code Mailing Address 400 Stewart Avenue  City State Zip Code Mailing Address 400 Stewart Avenue  City State Zip Code FEC ID number of contributing federal political committee.  City State Zip Code Ny 11530  Date of Receipt  Transaction ID: SA11AI.13937  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilall Receipt For: Primary General Other (specify) ▼ 600.00					
Date of Receipt  Mailing Address 259 First Street  City State Zip Code NY 11501  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Mailing Address 400 Stewart Avenue  City State Zip Code NY 11501  Transaction ID: SA11AI.13975  Amount of Each Receipt this Period  FEUI Name (Last, First, Middle Initial) Ms Maureen Clancy Mailing Address 400 Stewart Avenue  City State Zip Code NY 11530  Transaction ID: SA11AI.13937  Date of Receipt  Transaction ID: SA11AI.13937  Transaction ID: SA11AI.13937  Transaction ID: SA11AI.13937  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospial Idle Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Board Member  Aggregate Year-to-Date ▼  Occupation Board Member  Aggregate Year-to-Date ▼  Occupation Board Member  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼	R	Primary General	Aggregate	600.00	
Mailing Address 259 First Street  City  Mineola  NY  11501  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilatil Receipt For:  Walling Address 400 Stewart Avenue  City  State Zip Code NY  11501  Cocupation Vice President of OB/GYN  Aggregate Year-to-Date ▼  State Zip Code Milling Address 400 Stewart Avenue  City  Garden City  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilatil Receipt For:  NY  State Zip Code NY  11530  Date of Receipt  Transaction ID: SA11Al.13937  Date of Receipt  Transaction ID: SA11Al.13937  Transaction ID: SA11Al.13937  Amount of Each Receipt this Period  Cocupation Board Member  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Board Member  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼		,			Date of Receipt
Mineola  NY 11501  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Ms Maureen Clancy  Mailing Address 400 Stewart Avenue  City  Garden City  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer Winthrop University Hospilar (Last, First, Middle Initial)  Name of Employer (Last, First, Middle Initial)  Name of Employer (Last, First, Middle Initial)  Name of Employer (Last, First, Middle Initial)  Name of Receipt For:  Primary General (Last, First, Middle Initial)  Aggregate Year-to-Date ▼	_				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.    Name of Employer Winthrop University Hospital   Vice President of OB/GYN	C	ity	State	Zip Code	
Name of Employer Winthrop University Hospital   Name of Employer Winthrop University Hospital   Name (Last, First, Middle Initial)   Name (Last, First, Midd	<u>N</u>	/lineola	NY	11501	Amount of Each Receipt this Period
Winthrop University Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms Maureen Clancy  Mailing Address 400 Stewart Avenue  City State Zip Code NY 11530  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For:  Primary General  Other (specify) ▼  Occupation  Board Member  Aggregate Year-to-Date ▼  Occupation  Board Member  Aggregate Year-to-Date ▼  Occupation  Board Member  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼			C		500.00
Receipt For:    Primary   General   Soulous	V	vinthrop University Hospi-			
Ms Maureen Clancy Mailing Address 400 Stewart Avenue  City State Zip Code Garden City NY 11530  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M O D D O D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		eceipt For: Primary General	Aggregate		
City  Garden City  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For:  Primary General Other (specify) ▼  State Zip Code NY 11530  Transaction ID: SA11AI.13937  Amount of Each Receipt this Period  600.00  C  Aggregate Year-to-Date ▼  600.00		,			Date of Receipt
Garden City  NY 11530  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  600.00	M	lailing Address 400 Stewart Avenue			
FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General Other (specify)   Occupation Board Member  Aggregate Year-to-Date   600.00		•		Zip Code	Transaction ID: SA11AI.13937
Name of Employer Winthrop University Hospital Receipt For:  Primary Other (specify) ▼  Occupation Board Member  Aggregate Year-to-Date  600.00	_		NY	11530	Amount of Each Receipt this Period
Winthrop University Hospital  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  600.00			С		600.00
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  600.00	V	Vinthrop University Hospi-			
SUBTOTAL of Receipts This Page (optional)	R	Primary General	Aggregate		
	SUE	BTOTAL of Receipts This Page (optional)			1700.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one)    X
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) ew York State Hospital and Healtho	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>Dr</u>	Ill Name (Last, First, Middle Initial)  Russell Cohen ailing Address 258 Merrick Road			Date of Receipt
Cit O	ty ceanside	State NY	Zip Code 11572	Transaction ID: SA11AI.13921 Amount of Each Receipt this Period
fec	EC ID number of contributing deral political committee.	C		600.00
<u>Ho</u>	ame of Employer buth Nassau Communities bsp. eceipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
Mr Mr	ıll Name (Last, First, Middle Initial) r. Bruce Cohn ailing Address 72 Glenlawn Avenue			Date of Receipt  0 5 1 7 2 0 1 0
Cit	ty	State	Zip Code	Transaction ID: SA11Al.13954
FE	ea Cliff  EC ID number of contributing deral political committee.	C	11579	Amount of Each Receipt this Period 350.00
W <u>ta</u> l		1	t Vice President	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
. <u>M</u> r	ıll Name (Last, First, Middle Initial) r. John Collins			Date of Receipt
Ma	ailing Address 259 First Street			05 17 2010
Cit		State	Zip Code	Transaction ID: SA11AI.13935
FE	ineola  C ID number of contributing  deral political committee.	C	11501	Amount of Each Receipt this Period  1500.00
W <u>ta</u> l		Occupatio Chief Ex	n ecutive Officer	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
SUB	TOTAL of Receipts This Page (optional)	1		2450.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one)    X
or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
	New York State Hospital and Healtho	are Associati	ons' Federal PAC	
	Full Name (Last, First, Middle Initial) Ms. Denise Daly			Date of Receipt
N	Mailing Address 300 Victoria Place			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Dity	State	Zip Code	Transaction ID: SA11AI.14009
<u>I</u>	<u>awrence</u>	NY	11559	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		350.00
	Name of Employer Winthrop University Hospi- al	Occupatio Administ		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		350.00	
	Full Name (Last, First, Middle Initial) Mr. Mounir Doss			Date of Receipt
N	Mailing Address 8900 VanWyck Expre	06 07 YYYY 2010		
Ċ	City	State	Zip Code	Transaction ID: SA11AI.13973
<u>.</u>	Jamaica	NY	11418	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
	Name of Employer Jamaica Hospital Medical Center	Occupatio Chief Fir	n nancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Anthony Durante			Date of Receipt
N	Mailing Address 134 Mineola Blvd.			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City	State	Zip Code	Transaction ID: SA11AI.13983
1	Mineola	NY	11501	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		350.00
\ <u>t</u>	Name of Employer Winthrop University Hospi- al	Occupatio Physicia		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SIII	BTOTAL of Receipts This Page (optional)	1		1700.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  New York State Hospital and Healthc	e name and add	lress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Mr. Joseph Fennessey	naro 7 loccolatio	516 T 606101 T 716	Date of Receipt
	Mailing Address 188 Willis Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Wantaugh</u>	State NY	Zip Code 11793	Transaction ID: SA11AI.13907  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11735	600.00
	Name of Employer South Nassau Communities Hosp.	Occupation Board Me	ember	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Dr. Steven Fishbane	<u> </u>		Date of Receipt
	Mailing Address 2 Brandon Drive	05 17 2010		
	City	State	Zip Code	Transaction ID: SA11AI.13957
	Commack FEC ID number of contributing federal political committee.	C	11725	Amount of Each Receipt this Period 350.00
	Name of Employer Winthrop University Hospi- tal	Occupation Chief Me	n dical Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mr. James Flaherty			Date of Receipt
	Mailing Address 259 First Street			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13994
	Mineola	NY	11501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Winthrop University Hospi- tal	Occupation Vice Pres	sident	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional) .			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13/31   (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  New York State Hospital and Healt	hcare Associati	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Mr. Bruce J. Flanz			Date of Receipt
Mailing Address 2 Cosmos Lane			M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City New City	State NY	Zip Code 10956	Transaction ID: SA11AI.13972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Jamaica Hospital Medical Center Receipt For:	<del> </del>	erating Officer	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) Ms. Maureen Gaffney			Date of Receipt
Mailing Address 30 Pilgrim Lane			0 5 1 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11Al.13944
Westbury  FEC ID number of contributing federal political committee.	C	11590	Amount of Each Receipt this Period  350.00
Name of Employer Winthrp University Hospit-	Occupatio Senior V	n ice President	
Receipt For: Primary General Other (specify)	<del></del> '	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Ann Gilpin			Date of Receipt
Mailing Address 3157 Riverside Driv	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wellsville	State NY	Zip Code 14895	Transaction ID: SA11AI.13925  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14033	1000.00
Name of Employer Jones Memorial Hospital	Occupatio Chief Exc	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		2350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	f the
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  New York State Hospital and Health	he name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Wendy Goldstein  Mailing Address 24 Fenimore Road	sare recoordations in outside in rice	Date of Receipt
City Scarsdale FEC ID number of contributing	State Zip Code NY 10583	Transaction ID: SA11AI.14001  Amount of Each Receipt this Period
federal political committee.  Name of Employer Lutheran Medical Center  Receipt For: Primary General	Occupation Chief Executive Officer Aggregate Year-to-Date	1250.00
Other (specify)  Full Name (Last, First, Middle Initial) Dr. Joseph Greco Mailing Address 82 Eton Road	125	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Garden City  FEC ID number of contributing federal political committee.	State Zip Code NY 11530	Transaction ID: SA11AI.13912  Amount of Each Receipt this Period  350.00
Name of Employer Winthrop University Hospital Receipt For:  Primary General Other (specify) ▼	Occupation Chairman, Anesthesiology Aggregate Year-to-Date  35	50.00
Full Name (Last, First, Middle Initial) Ms. Ann Hannford  Mailing Address 369 N. Hickory Street	ıt .	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  N. Massapequa  FEC ID number of contributing federal political committee.	State Zip Code NY 11758	Transaction ID: SA11AI.13959  Amount of Each Receipt this Period  350.00
Name of Employer Winthrop University Hospital Receipt For: Primary General	Occupation Assistant Vice President Aggregate Year-to-Date	50.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0	1950.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  New York State Hospital and Healthcare Associations' Federal PAC  Full Name (Last, First, Middle Initial)  Malling Address 109 Fig Drive  City  Dix Hills  NY  11746  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Ronald Krawiec  Mailing Address 845 Routes 5 & 20  City  State Zip Code  NY  14081  Date of Receipt  Transaction ID: SA11AI.13916  Aggregate Year-to-Date ▼  Other (specify) ▼  Cupation  Vice President  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.13916  Amount of Each Receipt Transaction ID: SA11AI.13916  Amount of Each Receipt  Other (specify) ▼  Cupation  City  State Zip Code  NY  14081  FEC ID number of contributing federal political committee.  Cupation  City  Transaction ID: SA11AI.13916  Amount of Each Receipt this Period  City  Transaction ID: SA11AI.13916  Amount of Each Receipt this Period  City  Transaction ID: SA11AI.13916  Amount of Each Receipt this Period  City  Transaction ID: SA11AI.13916  Amount of Each Receipt this Period  City Aggregate Year-to-Date ▼  Primary General  Other (specify) ▼  Occupation  Chief Operating Officer  Receipt For:  Primary General  Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Mr. Steven Kroll  Date of Receipt	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one)    X   11a
Full Name (Last, First, Middle Initial)  Mailing Address 109 Fig Drive  City State Zip Code Dix Hills NY 11746  FEC ID number of contributing federal political committee.  Name of Employer  Full Name (Last, First, Middle Initial)  Mr. Ronald Krawec  Mailing Address 845 Routes 5 & 20  City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  City State Zip Code NY 14081  For Inama (Last, First, Middle Initial)  Mr. Ronald Krawec  Mailing Address 845 Routes 5 & 20  City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  City Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Steven Kroll  Mailing Address One Empire Drive  City State Zip Code NY 12144  FEC ID number of contributing  Rensselaer  NY 12144  FEC ID number of contributing  FEC ID number of contributing  Rensselaer  NY 12144  FEC ID number of contributing  Rederal political committee.  City State Zip Code NY 12144  FEC ID number of contributing  Rensselaer  Receipt For:  Primary General	• • •	Statements may ne name and add	r not be sold or used by any perso dress of any political committee to	
Mailing Address 109 Fig Drive  City State Zip Code Dix Hills NY 11746  FEC ID number of contributing tederal political committee.  C C C C C C C C C C C C C C C C C C C	New York State Hospital and Healthc	are Associati	ons' Federal PAC	
City Dix Hills NY 11746  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilal Other (specify) ▼ C C				Date of Receipt
Dix Hills  NY 11746  FEC ID number of contributing federal political committee.  C  C  C  C  C  C  C  C  C  C  C  C  C	Mailing Address 109 Fig Drive			
FEC ID number of contributing federal political committee.    Name of Employer Winthrop University Hospital Vice President   Vice President	•		•	
Cocupation   Vice President   Vice Versident   Vice Ve		NY	11746	Amount of Each Receipt this Period
Receipt For:		C		600.00
Receipt For:				
Primary				
Mr. Ronald Krawiec  Mailing Address 845 Routes 5 & 20  City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  Name of Employer TLC Health Network  Chief Operating Officer  Receipt For:  Primary General Other (specify) ▼ 1000.00  City State Zip Code NY 14081  Date of Receipt Transaction ID: SA11Al.13916  Amount of Each Receipt this Period 1000.00  Transaction ID: SA11Al.13916  Amount of Each Receipt this Period 1000.00  Date of Receipt Transaction ID: SA11Al.13916  Amount of Each Receipt this Period 1000.00  Date of Receipt Transaction ID: SA11Al.13916  Transaction ID: SA11Al.13916  Transaction ID: SA11Al.13916  Transaction ID: SA11Al.13890  Amount of Each Receipt this Period 105 NY 12144  FEC ID number of contributing federal political committee.  Name of Employer Healthcare Association of NYS  Receipt For:  Primary General Occupation Vice President  Aggregate Year-to-Date ▼			<del></del>	
Mailing Address 845 Routes 5 & 20  City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  Name of Employer TLC Health Network  Receipt For: Primary General Other (specify) ▼  City State Zip Code Chief Operating Officer  Relating Address One Empire Drive  City State Zip Code NY 12144  FEC ID number of contributing federal political committee.  City State Zip Code NY 12144  FEC ID number of contributing federal political committee.  City State Zip Code NY 12144  FEC ID number of contributing federal political committee.  City State Zip Code NY 12144  FEC ID number of contributing federal political committee.  City State Zip Code NY 12144  FEC ID number of contributing federal political committee.  City Primary General Occupation Vice President  Aggregate Year-to-Date ▼  Primary General Occupation Vice President  Aggregate Year-to-Date ▼				Date of Receipt
City State Zip Code NY 14081  FEC ID number of contributing federal political committee.  Name of Employer TLC Health Network  Receipt For: Primary General Other (specify) ▼  City State Zip Code NY 14081  Amount of Each Receipt this Period  Cocupation Chief Operating Officer  Aggregate Year-to-Date ▼  Pall Name (Last, First, Middle Initial) Mr. Steven Kroll  Mailing Address One Empire Drive  City State Zip Code NY 12144  FEC ID number of contributing federal political committee.  NY 12144  FEC ID number of contributing federal political committee.  Name of Employer Healthcare Association of NYS Receipt For: Primary General Occupation Vice President  Receipt For: Primary General Occupation Vice President  Aggregate Year-to-Date ▼				M M / D D / Y Y Y Y
Irving    Part   Primary   General	City	State	Zip Code	
Name of Employer TLC Health Network  Receipt For: Primary General Other (specify) ▼  City Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer Health Care Association of NYS  Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt  M M M D D D D D D D D D D D D D D D D	Irving	NY	14081	
TLC Health Nefwork  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Steven Kroll  Mailing Address One Empire Drive  City Rensselaer  Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer Healthcare Association of NYS Receipt For: Primary General  Chief Operating Officer  Aggregate Year-to-Date ▼  Date of Receipt  Mo M O D D O O O O O O O O O O O O O O O O		C		1000.00
Receipt For:     Primary	Name of Employer TLC Health Network			
Mr. Steven Kroll  Mailing Address One Empire Drive  City State Zip Code Rensselaer NY 12144  FEC ID number of contributing federal political committee.  Name of Employer Healthcare Association of NYS  Receipt For: Primary General  Date of Receipt  M M M O D D O 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	<del>_, '</del>	Year-to-Date ▼	]
Mailing Address One Empire Drive  City State Zip Code Rensselaer NY 12144  FEC ID number of contributing federal political committee.  Name of Employer Healthcare Association of NYS  Receipt For: Primary General  State Zip Code Transaction ID: SA11AI.13890  Amount of Each Receipt this Period  750.00				Date of Receipt
Rensselaer  NY 12144  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C  Name of Employer Healthcare Association of NYS  Receipt For:  Primary General  Aggregate Year-to-Date ▼	Mailing Address One Empire Drive			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Healthcare Association of NYS  Receipt For:  Primary General  750.00  750.00	City	State	Zip Code	Transaction ID: SA11AI.13890
Name of Employer Healthcare Association of NYS  Receipt For:  Primary  General  Occupation Vice President  Aggregate Year-to-Date  750.00	Rensselaer	NY	12144	Amount of Each Receipt this Period
Healthcare Association of NYS  Receipt For:  Primary  General  Vice President  Aggregate Year-to-Date ▼		C		750.00
Receipt For:  Primary  General  Aggregate Year-to-Date  ▼  750.00	Healthcare Association of			
750 00 1	Receipt For:	Aggregate	Year-to-Date ▼	
l l		0 0	750.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 31 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  New York State Hospital and Health	d Statements may not be sold or used by any pers the name and address of any political committee to ncare Associations' Federal PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David Kruczlnicki Mailing Address 32 Oak Valley Way		Date of Receipt  0 6 28 2010
City Queensbury	State Zip Code NY 12804	Transaction ID: SA11AI.13927  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Glens Falls Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Mr. Joseph Lamantia Mailing Address 80 Tulipwood Drive		Date of Receipt  0 6 2 4 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.14020
Commack	NY 11725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer South Nassau Communities Hosp.	Occupation Hospital Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. John Lane		Date of Receipt
Mailing Address 94 Sixth Street		06 07 2010
City Garden City	State Zip Code NY 11530	Transaction ID: SA11AI.13999
FEC ID number of contributing federal political committee.	NY 11530	Amount of Each Receipt this Period  350.00
Name of Employer Winthrop University Hospi- tal	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optiona	1	2350.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 31 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  New York State Hospital and Heal	and Statements may not be sold or used by any person g the name and address of any political committee to solthcare. Associations' Federal PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	anodro Accostatione Fodoral FAC	Data of Descript
Mr. Patrick Long  Mailing Address 15 Pond View Driv	/e	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13896
Syosset	NY 11791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Winthrop University Hospi- tal	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. D. Rob MacKenzie	I	Date of Receipt
Mailing Address 6252 Bower Road		05 17 2010
City	State Zip Code	Transaction ID: SA11AI.13898
Trumansburg	NY 14886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Cayuga Medical Center	Occupation Chief Executive Officer	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ms. Monica Mahaffey	I	Date of Receipt
Mailing Address 43 E. 23rd Street		05 03 YYYY 2010
City Huntington	State Zip Code NY 11746	Transaction ID: SA11AI.13888  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Stony Brook Univ. Med. Ct-	Occupation Asst. Dir., Gov't. Rel.	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	nal)	1550.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/31 (check only one)    X   11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	New York State Hospital and Healthc	are Associati	ons' Federal PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph Mancino			Date of Receipt
	Mailing Address 109 tanners Pond Ro		7: 0 !	05 17 2010
	City Garden City	State NY	Zip Code 11530	Transaction ID: SA11AI.13952  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Winthrop University Hospi- tal	Occupatio Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
В.	Full Name (Last, First, Middle Initial) Dr. John McCabe	1		Date of Receipt
	Mailing Address 750 E. Adams Street			05 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.13885
	Syracuse	NY	13210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Upstate University Hospit- al	Occupatio Chief Exc	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General  Other (specify) ▼		350.00	
_ С.	Full Name (Last, First, Middle Initial) Mr. Ronald McGlynn			Date of Receipt
	Mailing Address 120 Whitehall Blvd.			M M / D D / Y Y Y Y Y Y Y D D / Y Z D 1 0
	City	State	Zip Code	Transaction ID: SA11AI.13943
	Garden City FEC ID number of contributing	NY	11530	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Winthrop University Hospi- tal	Occupatio Board M	ember	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1450.00
卜	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 31 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  New York State Hospital and Healt	nd Statements may not be sold or used by any personate the name and address of any political committee to hcare Associations' Federal PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. John McNelis  Mailing Address 114 New Market Ro	pad	Date of Receipt
City Garden City FEC ID number of contributing	State Zip Code NY 11530	Transaction ID: SA11AI.14002  Amount of Each Receipt this Period
Federal political committee.  Name of Employer Winthrop University Hospital Receipt For: Primary Other (specify)	Occupation Administration  Aggregate Year-to-Date   250.00	250.00
Full Name (Last, First, Middle Initial) Mr. Stephen S. Mills  Mailing Address 162 Sidney Street		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Oyster Bay  FEC ID number of contributing federal political committee.	State Zip Code NY 11771	Transaction ID: SA11AI.14000  Amount of Each Receipt this Period  1500.00
Name of Employer New York Hospital Queens  Receipt For:  Primary General  Other (specify) ▼	Occupation President & CEO  Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial) Dr. Frank Monteleone Mailing Address 15 Oak Lane	<b>I</b>	Date of Receipt
City Old Brookville FEC ID number of contributing	State Zip Code NY 11545	Transaction ID: SA11AI.13977  Amount of Each Receipt this Period  1500.00
Name of Employer Winthrop University Hospital	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (options	الراد الله الله الله الله الله الله الله ال	3250.00

A.  Name (Last, First, Middle Initial)  Dr. Carlos Montoya  Mailing Address 45 East Broadway  City  Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Helen Morik  Mailing Address 3777 Independence  City  Bronx  FEC ID number of contributing federal political committee.  City  Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  The Allan Morse  Mailing Address 7 Elm Road  City	State Zip Code NY 11561  C  Occupation Pediatric Cardiology Director  Aggregate Year-to-Date   350.00  Avenue  State Zip Code NY 10463  C  Occupation	Date of Receipt    Date of Receipt
A. Dr. Carlos Montoya  Mailing Address 45 East Broadway  City  Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Helen Morik  Mailing Address 3777 Independence  City  Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Allan Morse  Mailing Address 7 Elm Road	NY 11561  C  Occupation Pediatric Cardiology Director  Aggregate Year-to-Date ▼  350.00  Avenue  State Zip Code NY 10463  C  Occupation	Transaction ID: SA11AI.13949  Amount of Each Receipt this Period  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Helen Morik Mailing Address 3777 Independence  City Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Allan Morse Mailing Address 7 Elm Road	NY 11561  C  Occupation Pediatric Cardiology Director  Aggregate Year-to-Date ▼  350.00  Avenue  State Zip Code NY 10463  C  Occupation	Date of Receipt  Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Ms. Helen Morik Mailing Address 3777 Independence  City Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital Receipt For: Primary General Other (specify)   CIN Full Name (Last, First, Middle Initial) Dr. Allan Morse Mailing Address 7 Elm Road	C Occupation Pediatric Cardiology Director Aggregate Year-to-Date ▼  350.00  Avenue  State Zip Code NY 10463  C  Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y  0 5 1 7 2 0 1 0  Transaction ID: SA11AI.13962  Amount of Each Receipt this Period
tal Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Helen Morik Mailing Address 3777 Independence City Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Allan Morse Mailing Address 7 Elm Road	Pediatric Cardiology Director  Aggregate Year-to-Date ▼  350.00   Avenue  State Zip Code NY 10463  C  Occupation	Transaction ID: SA11AI.13962  Amount of Each Receipt this Period
Ms. Helen Morik  Mailing Address 3777 Independence  City  Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Allan Morse  Mailing Address 7 Elm Road	State Zip Code NY 10463  C Occupation	Transaction ID: SA11AI.13962  Amount of Each Receipt this Period
Bronx  FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Allan Morse  Mailing Address 7 Elm Road	NY 10463  C Occupation	Transaction ID: SA11AI.13962  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer New York Presbyterian Hospital Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Allan Morse Mailing Address 7 Elm Road	Occupation	Amount of Each Receipt this Period
federal political committee.  Name of Employer New York Presbyterian Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Allan Morse Mailing Address 7 Elm Road	Occupation	250.00
New York Presbyterian Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Allan Morse  Mailing Address 7 Elm Road	· ·	
Dr. Allan Morse  Mailing Address 7 Elm Road	Vice President  Aggregate Year-to-Date ▼  250.00	
		Date of Receipt
City		06 28 2010
•	State Zip Code	Transaction ID: SA11AI.13926
Scarsdale  FEC ID number of contributing	NY 10583	Amount of Each Receipt this Period
federal political committee.  Name of Employer Jewish Guild for the Blind	Occupation health care management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optiona		2100.00

<b>I</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 21 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
\ \ !	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  New York State Hospital and Healthca			solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Nancy Nammack			Date of Receipt
	Mailing Address 78 Westminster Road			05 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.13936
	Garden City	NY	11530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Winthrop-University Hospi- tal	Occupation Trustee	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Michael Niederman	<u> </u>		Date of Receipt
	Mailing Address 3 Verity Lane			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11AI.13986
	Roslyn	NY	11576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Winthrop University Hospi- tal	Occupatio Chairma	n, Dept. of Medicine	
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼  600.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Herbert Pardes	1		Date of Receipt
	Mailing Address 601 W. 113th Street			05 17 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13931
	New York	NY	10025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer New York Presbyterian Hos- pital	Occupation Chief Ex	on ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		3100.00
$\vdash$				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  New York State Hospital and Health	d Statements may not be sold or used by any pers the name and address of any political committee t ncare Associations' Federal PAC	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Gino Pazzaglini  Mailing Address 6 Rose Ridge Court		Date of Receipt  0 6 0 7 7 2 0 1 0
City Saratoga Springs  FEC ID number of contributing federal political committee.	State Zip Code NY 12866	Transaction ID: SA11AI.13974  Amount of Each Receipt this Period  500.00
Name of Employer Seton Health System  Receipt For:  Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Mr. John Pfeifer Mailing Address 259 First Street  City	State Zip Code	Date of Receipt    M
Mineola  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify)	Occupation Assistant Vice President  Aggregate Year-to-Date   350.00	Amount of Each Receipt this Period  350.00
Full Name (Last, First, Middle Initial) Ms Jeanne Pidot Mailing Address P.O. Box 653		Date of Receipt  0 6 0 7 2 0 1 0
City Locust Valley FEC ID number of contributing federal political committee.	State Zip Code NY 11560	Transaction ID: SA11AI.13997  Amount of Each Receipt this Period  600.00
Name of Employer Winthrop University Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Board Member  Aggregate Year-to-Date   600.00	
SUBTOTAL of Receipts This Page (optional	)	1450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/31   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  New York State Hospital and Health	hcare Associati	ons' Federal PAC	
Full Name (Last, First, Middle Initial) Dr. William Polf			Date of Receipt
Mailing Address 80 Central Park We	est		05 17 2010
City New York	State NY	Zip Code 10023	Transaction ID: SA11AI.13930  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer NY-Presbyterian Healthcare Sys	Occupation Health C	n are Executive	
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Philip Ragno	<b>I</b>		Date of Receipt
Mailing Address 4 Tappentown Lane	Э		0 6 0 7 Y Y Y Y Y
City Brookville	State NY	Zip Code 11545	Transaction ID: SA11AI.13995
FEC ID number of contributing federal political committee.	C	11040	Amount of Each Receipt this Period
Name of Employer Winthrop University Hospi- tal	Occupation Director	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) Mr. George Rainer			Date of Receipt
Mailing Address 1 Berkshire Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Port Jefferson	State NY	Zip Code 11777	Transaction ID: SA11AI.13980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1177	350.00
Name of Employer Winthrop-University Hospi- tal	Occupation Vice Pres	sident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	.1)		1850.00

City State Zip Code NY 11952  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt City State Zip Code NY 11530  FEC ID number of contributing federal Political committee.  Primary General Other (specify) ▼ Coccupation Assistant Vice President Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) State Zip Code NY 11530  PFC ID number of contributing federal political committee.  Name of Employer State Zip Code NY 11530  PFC ID number of contributing federal political committee.  Name of Employer State Zip Code NY 11530  PFC ID number of contributing federal political committee.  Name of Employer State Zip Code NY 11530  PFC ID number of contributing federal political committee.  Name of Employer State Zip Code NY 11530  Primary General Occupation Board Member Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Coccupation State Zip Code NY 10528  Parasaction ID: SA11AI.139  Amount of Each Receipt Transaction ID: SA11AI.139	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Mailing Address 250 Sound Beach Drive  City State Zip Code Mattituck NY 11982  FEC ID number of contributing federal political committee.  Name of Employer Withfrop University Hospilar International Drive State Zip Code State State NY 1530  Transaction ID: SA11Al.139  Amount of Each Receipt this Pe 600.00  Date of Receipt Sound Search Drive State Zip Code NY 11530  Transaction ID: SA11Al.139  Date of Receipt Sound Search Sea	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City	Mr. Richard Rivera	ve	M M / D D / Y Y Y Y
Name of Employer Winthrop University Hospital Receipt For:     Primary	Mattituck	NY 11952	Transaction ID: SA11AI.13914  Amount of Each Receipt this Period
Mr. Nicholas Rosato  Mailing Address 81 Eton Road  City State Zip Code NY 11530  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For:  Primary General Other (specify) ▼  State Zip Code NY 11530  Ccupation Board Member  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mr. David P. Rosen Mailing Address 28 Rolling Hills Lane  City State Zip Code NY 10528  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼  Transaction ID: SA11AI.139  Date of Receipt  Date of Receipt To Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.139  Amount of Each Receipt this Pe  Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt To Date of Receipt To Date of Transaction ID: SA11AI.139  Amount of E	Name of Employer Winthrop University Hospital Receipt For: Primary General	Occupation Assistant Vice President Aggregate Year-to-Date  600.00	600.00
City State Zip Code NY 11530  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David P. Rosen  Mailing Address 28 Rolling Hills Lane  City State Zip Code NY 10528  FEC ID number of contributing federal political committee.  City State Zip Code NY 10528  FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Cit.  Name of Employer Jamaica Hospital Medical Cit.  Receipt For:  Primary General Occupation President/CEO  Aggregate Year-to-Date ▼  1000 00	Mr. Nicholas Rosato		M M / D D / Y Y Y Y
Name of Employer Winthrop University Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David P. Rosen Mailing Address 28 Rolling Hills Lane  City State Zip Code Harrison NY 10528  FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Ctr. Receipt For: Primary General  Occupation Board Member  Aggregate Year-to-Date ▼  Date of Receipt  M M / D D / Y Y Z  Transaction ID: SA11AI.139  Amount of Each Receipt this Period Coupation President/CEO  Aggregate Year-to-Date ▼  1000 00	•	·	Transaction ID: SA11AI.13941  Amount of Each Receipt this Period
Winthrop University Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David P. Rosen  Mailing Address 28 Rolling Hills Lane  City State Zip Code Harrison  FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Ctr.  Receipt For:  Primary General  Board Member  Aggregate Year-to-Date ▼  Date of Receipt  M M M D D D / Y Y Y D D D / Y Y Y D D D D D D		C	350.00
Primary General Other (specify) ▼    State   Zip Code	Winthrop University Hospi- tal	Board Member	
Mr. David P. Rosen  Mailing Address 28 Rolling Hills Lane  City State Zip Code Harrison NY 10528  FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Ctr. Receipt For: Primary General  Date of Receipt  M M M / D D D / Y Y Y O O O O O O O O O O O O O O O O	Primary General		
City State Zip Code Transaction ID: SA11AI.1399  Harrison NY 10528  FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Ctr. Receipt For: Primary General  O 6 0 7 2  Transaction ID: SA11AI.1399  Amount of Each Receipt this Period Ctr.  Aggregate Year-to-Date ▼	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Harrison  FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Ctr.  Receipt For:  Primary  Reneral  Amount of Each Receipt this Pecarity Primary  Amount of Each Receipt this Pecarity Primary  Occupation President/CEO  Aggregate Year-to-Date  1000.00			06 07 2010
FEC ID number of contributing federal political committee.  Name of Employer Jamaica Hospital Medical Ctr.  Receipt For:  Primary General  CC  Occupation President/CEO  Aggregate Year-to-Date ▼	•	•	
Ctr.  Receipt For:  Primary  General  Aggregate Year-to-Date  1000.00	FEC ID number of contributing		1000.00
Primary General	Ctr.		
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) .		1950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/31 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	New York State Hospital and Healtho	are Associati	ons' Federal PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Charles Ruoff			Date of Receipt
	Mailing Address 100 Hilton Avenue			05 17 2010
	City Garden City	State NY	Zip Code 11530	Transaction ID: SA11AI.13895  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.000	350.00
	Name of Employer Winthrop University Hospi- tal	Occupatio Board M		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) Mr. Stephen Rushmore Mailing Address 259 First Street			Date of Receipt
	City	State	Zip Code	0 6 0 7 2 0 1 0 Transaction ID: SA11AI.13979
	<u>Mineola</u>	NY	11501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Winthrop University Hospi- tal	Occupatio Board M		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
– C.	Full Name (Last, First, Middle Initial) Ms Sarah Schermerhorn			Date of Receipt
<b>.</b>	Mailing Address 80 Sweetman Road			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.13929
	Burnt Hills  FEC ID number of contributing federal political committee.	C	12027	Amount of Each Receipt this Period 600.00
	Name of Employer Ellis Medicine	Occupatio Board M		
	Receipt For:  Primary General  Other (specify) ▼	_, -	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			2450.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 31 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  New York State Hospital and Health	d Statements may not be sold or used by any pers the name and address of any political committee to ncare Associations' Federal PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott Schubach  Mailing Address 124 Brookville Lane	3	Date of Receipt
City Old Brookville FEC ID number of contributing	State Zip Code NY 11545	Transaction ID: SA11AI.13991  Amount of Each Receipt this Period
receipt For:  Primary  General	Occupation Physician/Dept. Chair Aggregate Year-to-Date ▼	1500.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Gary Schwall  Mailing Address 259 First Street	1500.00	Date of Receipt    M   M   D   D     Y   Y   Y   Y   Y   Y   Y
City  Mineola  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital	State Zip Code NY 11501  C Occupation Administrator	Transaction ID: SA11AI.13956  Amount of Each Receipt this Period  600.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	Date of Receipt
City Pound Ridge FEC ID number of contributing federal political committee.	State Zip Code NY 10576	Transaction ID: SA11AI.13901  Amount of Each Receipt this Period  1000.00
Name of Employer Northern Westchester Hosp- ital Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer  Aggregate Year-to-Date  1000.00	
SUBTOTAL of Receipts This Page (optiona	l)	3100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	· Osc separate seriodate(s)		FOR LINE NUMBER: PAGE 27 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  New York State Hospital and Healt	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Louis Shapiro	nicale Associatio	JIIS I EUGIAIT AC	Date of Receipt
Mailing Address 535 E. 70th Street  City	State	Zip Code	0 5 0 3 2 0 1 0 Transaction ID: SA11AI.13887
New York  FEC ID number of contributing federal political committee.	C	10021	Amount of Each Receipt this Period  600.00
Name of Employer Hospital for Special Surgery Receipt For:  ☐ Primary ☐ General Other (specify) ▼		ecutive Officer  Year-to-Date   600.00	
Full Name (Last, First, Middle Initial) Dr. Genevieve Sicuranza Mailing Address 52 Bayberry Avenu	e		Date of Receipt  0 6 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.13969
Garden City	NY	11530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Winthrop University Hospi- tal	Occupation Chief of C		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mr. Charles Strain	•		Date of Receipt
Mailing Address 151 Hampton Road	d		06 07 2010
City	State	Zip Code	Transaction ID: SA11AI.13993
Garden City  FEC ID number of contributing federal political committee.	C	11530	Amount of Each Receipt this Period
Name of Employer Winthrop University Hospi- tal	Occupation Attorney		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	<u> </u>		3100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(check only one)  X 11a 11b 11c 12 13 14 15 16 1					
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)  New York State Hospital and Health	ncare Associati	ons' Federal PAC				
Full Name (Last, First, Middle Initial) Dr. William Streck, M.D.			Date of Receipt			
Mailing Address 1 Atwell Road			0 6 2 4 2 0 1 0			
City Cooperstown	State NY	Zip Code 13326	Transaction ID: SA11AI.14019  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		2500.00			
Name of Employer Bassett Healthcare	Occupation Presiden					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) Ms. Valerie Terzano	<b> </b>		Date of Receipt			
Mailing Address 259 First Street			0 5 1 7 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.13953			
Mineola  FEC ID number of contributing federal political committee.	C	11501	Amount of Each Receipt this Period 350.00			
Name of Employer Winthrop University Hospi- tal	Occupation Vice Pres					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00				
Full Name (Last, First, Middle Initial) Mr. Solomon Torres			Date of Receipt			
Mailing Address 19 Edgewood Raod			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Hartsdale	State NY	Zip Code 10530	Transaction ID: SA11AI.13981  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	10000	350.00			
Name of Employer Winthrop University Hospi- tal	Occupation Vice Pres	n sident, Administration				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00				
SUBTOTAL of Receipts This Page (optional	<u> </u>		3200.00			

City State Zip Code NY 11555  FEC ID number of contributing federal political committee.  Name of Employer Citbank Commercial Marke-Is Receipt For:	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 31 (check only one)    X
A. Mr. Edward Travagliani  Mailling Address 1 EAB Plaza  City State Zip Code Uniondale NY 11555  FEC ID number of contributing federal political committee.  Name of Employer Cilibank Commercial Markes Is Selected To Cocupation Primary General Other (specify) ▼ State Zip Code NY 11596  B. Full Name (Last, First, Middle Initial) Milling Address 394 Charles Street  City State Zip Code NY 11596  FEC ID number of contributing federal political committee.  City State Zip Code NY 11596  FEC ID number of contributing federal political committee.  Name of Employer Winthroo University Hospital Receipt For: Primary General Other (specify) ▼ State Zip Code NY 11596  C. City State Zip Code NY 1596  Cocupation Trustee  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Date of Receipt Initial  Amount of Each Receipt	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
FEC ID number of contributing federal political committee.  Name of Employer Citibank Commercial Marke-Is. Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John Treiber  Mailing Address 394 Charles Street  City State Zip Code NY 11596  NY 11596  PFC ID number of contributing federal political committee.  Name of Employer Vinthrop University Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt this Primary General Other (specify) ▼  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony Vintzileos  Mailing Address 4 Sky High Terrace  City State Zip Code Bridgewater NJ 08807  FEC ID number of contributing federal political committee.  C. Transaction ID: SA11AI.139  Amount of Each Receipt For: NJ 08807  Amount of Each Receipt For: Afgregate Year-to-Date ▼  Transaction ID: SA11AI.139  Amount of Each Receipt ins Primary General  C Cccupation Chairman, OB/GYN Interpolation Chairman, OB/GYN Interpolation Chairman, OB/GYN Interpolation Chairman, OB/GYN Interpolation Chairman, OB/GYN Primary General Occupation Chairman Chairman Chairman Chairm	Mr. Edward Travaglianti  Mailing Address 1 EAB Plaza  City	•	M M / D D / Y Y Y Y
ts Receipt For:	FEC ID number of contributing		Amount of Each Receipt this Period 600.00
Mr. John Treiber Mailing Address 394 Charles Street  City E. Williston  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospilal  Receipt For: Primary  City State City Aggregate Year-to-Date  Full Name (Last, First, Middle Initial) Dr. Anthony Vintzileos  Mailing Address 4 Sky High Terrace  City Bridgewater  NJ 08807  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: SA11AI.139  Amount of Each Receipt this Pe  Stone  Trustee  Aggregate Year-to-Date  Date of Receipt  Transaction ID: SA11AI.139  Date of Receipt Transaction ID: SA11AI.139  Amount of Each Receipt this Pe  Transaction ID: SA11AI.139  Amount of Each Receipt this Pe  Cocupation  Chairman, OB/GYN  Receipt For: Primary General  Occupation Chairman, OB/GYN  Aggregate Year-to-Date ▼	ts Receipt For: Primary General	Banker  Aggregate Year-to-Date ▼	
E. Williston  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General Other (specify) ▼  City State Zip Code NJ 08807  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  City State Zip Code NJ 08807  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For: Quantification Description Coccupation Chairman, OB/GYN Receipt For: Quantification Description Coccupation Chairman, OB/GYN Receipt For: Quantification Description Chairman, OB/GYN Receipt For: Quantification Description Coccupation Chairman, OB/GYN Receipt For: Quantification Description Coccupation Chairman, OB/GYN Receipt For: Quantification Description Chairman, OB/GYN Receipt For: Quantification	Mr. John Treiber		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Anthony Vintzileos  Mailing Address 4 Sky High Terrace  City State Zip Code NJ 08807  FEC ID number of contributing federal political committee.  PEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For:  Primary General Occupation Chairman, OB/GYN  Receipt For:  Primary General Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	•	' ·	Transaction ID: SA11AI.13948
Winthrop University Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Anthony Vintzileos Mailing Address 4 Sky High Terrace  City State Zip Code Bridgewater  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital Receipt For:  Primary General  Coccupation Chairman, OB/GYN Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D D / Y Y Y O D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y O D D D / Y Y Y Y O D D D D D D D D D D D D D D D	FEC ID number of contributing		Amount of Each Receipt this Period 500.00
Dr. Anthony Vintzileos  Mailing Address 4 Sky High Terrace  City State Zip Code Bridgewater  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General  Date of Receipt  M M M / D D D / Y Y Y Z  Transaction ID: SA11AI.139  Amount of Each Receipt this Period Coccupation Chairman, OB/GYN  Aggregate Year-to-Date ▼	Winthrop University Hospital Receipt For: Primary General	Trustee  Aggregate Year-to-Date ▼	]
City State Zip Code NJ 08807  FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General  State Zip Code NJ 08807  C Occupation Chairman, OB/GYN  Aggregate Year-to-Date ▼	Dr. Anthony Vintzileos		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Winthrop University Hospital  Receipt For: Primary General  C  Occupation Chairman, OB/GYN  Aggregate Year-to-Date	-		Transaction ID: SA11AI.13951
tal  Receipt For:  Primary  General  Chairman, OB/GYN  Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount of Each Receipt this Period  600.00
Primary General 600 00	<u>tal</u>	· · ·	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 31 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  New York State Hospital and Health	the name and address of any political committ	person for the purpose of soliciting contributions lee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Walter Weiss Mailing Address 277 West End Aver  City New York	State Zip Code NY 10023	Date of Receipt    M
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Winthrop University Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director, Pediatric Anesthesiolog Aggregate Year-to-Date  350.00	
Full Name (Last, First, Middle Initial) Mr. Paul Whalen Mailing Address 259 First Street		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.13967
<u>Mineola</u>	NY 11501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Winthrop University Hospi- tal	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael Winn		Date of Receipt
Mailing Address 9 N. Clover Drive		06 28 2010
City	State Zip Code	Transaction ID: SA11AI.13923
Great Neck  FEC ID number of contributing federal political committee.	NY 11021	Amount of Each Receipt this Period  600.00
Name of Employer South Nassau Communities Hosp.	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	l)	1200.00
TOTAL This Period (last page this line num	per only)	55500.00

В.

District:

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SCHEDULE B (FEC Form 3X)  Use separate			arate schedule(s)			E NUMBER: PAGE 3						31 / 3	31 / 31			
ITEMIZED DISBURSEMENTS   fo		for each	for each category of the				y one)									
		Detailed:	Summary Page		21b 27	Х	22 28a	Н	23 28b	_	24 28c	Н	25 29	L	26 30b	
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	for commercial purposes, other than using the name													,		
$\overline{\ }$	NAME OF COMMITTEE (In Full)															
<u>/</u>	New York State Hospital and Healthcare As	ssociation	s' Federal PAC													
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	5	SB22.1	140	23			
	American Hospital Association PAC						Date o	of Di	sburse	eme	ent					
	Mailing Address 325 Seventh Street, NW Suite 700						0 <sup>M</sup> 5	M /	<sup>D</sup> 0	<b>4</b>	/ Y	ž	0 i c	Y		
	City	State DC	Zip Code 20004				Amou	nt of	Each	Dis	sburser	-	-	_	od	
	Purpose of Disbursement Transfer to Affiliated SSF			Ó	08						. 1	50	00.00			
	Candidate Name				egory/ /pe											
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼													
	Full Name (Last, First, Middle Initial)									_						
	American Hospital Association PAC						Date o	f Di	sburse	eme	_					
	Mailing Address 325 Seventh Street, NW Suite 700						0 6	M /	<sup>D</sup> 0	8	/ Y	ž	o i c	) \		
	,	State DC	Zip Code 20004				Amou	nt of	Each	Dis	sburser	-			od	
	Purpose of Disbursement Transfer to Affiliated SSF			Ŏ	08			0			2	200	00.00			
	Candidate Name				egory/ /pe											
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General													

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	35000.00
TOTAL This Period (last page this line number only)	•	35000.00

State: